

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-975)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2	/			
3	/			
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48	/			
49	/			
50	/			
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/		
52	/		/		
53	/		/		
54	/		/		
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97	/		/		
98	/		/		
99	/		/		
100	/		/		
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS